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**FAX**

**To: Commissioner for Patents  
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**Date: July 8, 2008**

**Pages: 3, including cover page**

If you have difficulty receiving this fax, please contact Lynne at 616/336-6406.

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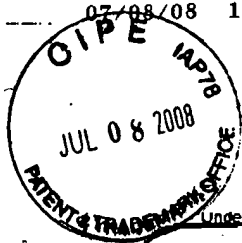
**Comments:**

Re: Application No.: 10/526,506  
Filing Date: 06/07/2006  
Our Ref: HMI P1199US1  
Entitled: GENERAL OPERATING SYSTEM

Attached you will find Status Check and Transmittal form regarding the above-captioned matter.

Sincerely,

Lynne M. LaSarge  
Assistant to Thomas L. Lockhart  
Varnum, Riddering, Schmidt & Howlett LLP



PTO/SB/21 (01-08)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/526,506	
	Filing Date	06/07/2008	
	First Named Inventor	HILLIS, W. Daniel, et al	
	Art Unit	2875	
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	HMI P1199US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Varnum, Riddering, Schmidt & Howlett LLP		
Signature	/Thomas L. Lockhart/		
Printed name	Thomas L. Lockhart		
Date	07/08/2008	Reg. No.	29,324

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450 on the date shown below:			
Signature	/Lynne M. LaSerge/		
Typed or printed name	Lynne M. LaSerge	Date	07/08/2008

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